

**Department of Industrial
Accidents
Medical Treatment Guidelines
Health Care Services Board
COMMENTS/SUGGESTIONS
FORM**

COMMENTS/SUGGESTIONS FROM: (your name, company name, address, telephone, fax or email address)

Name: _____

Title: _____

Company Name: _____

Address: _____

Address: _____

Tel:_(_____)_____ Fax:_(_____)_____

Email: _____

1 *Carpal Tunnel Syndrome - Conservative Non-Operative Treatment*

2 *Carpal Tunnel Release - Surgical*

3 *Thoracic Outlet Syndrome - Vascular Origin – Venous*

4 *Thoracic Outlet Syndrome - Vascular Origin – Arterial*

5 *Thoracic Outlet Syndrome - Neurogenic Origin*

6 *Rotator Cuff Repair – Shoulder*

7 *Anterior Acromionectomy for Acromial Impingement Syndrome - Shoulder*

8 *Repair of AC or CC Ligaments Acromio-Clavicular Separation - Shoulder*

9 *Mumford Procedure Acromial-Clavicular Separation – Shoulder*

10 *Open Bankart or Bristow for Recurrent Dislocation – Shoulder*

11 *Repair of Biceps Tendon Proximal Rupture of the Biceps – Shoulder*

12 *Repair of Biceps Tendon Distal Rupture of the Biceps – Shoulder*

13 *Shoulder Arthroscopy for Diagnostic Purposes – Shoulder*

14 *Anterior Cruciate Ligament (ACL) Repair – Knee*

15 *Patella Tendon Re-Alignment Maquet Procedure - Knee*

16 *Knee Joint Replacement*

17 *Lateral Ligament Ankle Reconstruction for Chronic Instability of Ankle*

18 *Lateral Ligament Ankle Reconstruction for Acute Ankle Sprain/Strain Inversion Injury*

COMMENTS/SUGGESTIONS FROM:

- ## 28 Diagnosis and Initial Treatment of Occupational Asthma

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.